

Utah Department of Health/CSHCN/ABLE Program  
Assessing Positive and Negative Reinforcers in Adolescents (13-18)

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Name: \_\_\_\_\_ Evaluation: Self \_\_\_ Parent \_\_\_ Teacher \_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_ D of B \_\_\_\_\_ Age \_\_\_\_\_

***Things you eat - Check all you really like and would buy with your own money.***

Ice cream \_\_\_ Candy \_\_\_ Chips \_\_\_ Cookies \_\_\_ Sandwiches \_\_\_

Fruit \_\_\_ Nuts \_\_\_ Bakery Dessert \_\_\_ Cheese \_\_\_ Sugar \_\_\_

Salt \_\_\_ Meat \_\_\_ Milk \_\_\_ Water \_\_\_ Soda Pop \_\_\_

Pudding \_\_\_ Salads \_\_\_ Pasta \_\_\_ Burgers \_\_\_ French Fries \_\_\_

Vegetables \_\_\_ Beef Jerky \_\_\_ Rice \_\_\_ Popcorn \_\_\_ Hotdogs \_\_\_

Italian \_\_\_ Chinese \_\_\_ Thai \_\_\_ French \_\_\_ Mexican \_\_\_ Greek \_\_\_ Middle Eastern \_\_\_

German \_\_\_ Indian \_\_\_ Vietnamese \_\_\_ American Steak & Potatoes \_\_\_ Other \_\_\_\_\_

List your three favorite foods. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

***How much do you like each at School?      A Lot      Some      A little***

Reading \_\_\_\_\_

English \_\_\_\_\_

Math \_\_\_\_\_

Science \_\_\_\_\_

Art \_\_\_\_\_

Social Studies and History \_\_\_\_\_

Sports and Gym \_\_\_\_\_

Lunch/ Before and After School \_\_\_\_\_

The Library \_\_\_\_\_

Teachers \_\_\_\_\_

Administrators \_\_\_\_\_

***Check how you love each activity: Not at All A little Some Much Very Much***

Sleeping	_____	_____	_____	_____	_____
Taking a bath or shower	_____	_____	_____	_____	_____
Homework	_____	_____	_____	_____	_____
Just Hanging Out with Friends	_____	_____	_____	_____	_____
Solving Mechanical Problems	_____	_____	_____	_____	_____
Card and board games	_____	_____	_____	_____	_____
Games with friends	_____	_____	_____	_____	_____
Vacations with family	_____	_____	_____	_____	_____
Go to Amusement Park	_____	_____	_____	_____	_____
Go to City Park	_____	_____	_____	_____	_____
Go to the Dentist or Doctor	_____	_____	_____	_____	_____
Go to a Water Park	_____	_____	_____	_____	_____
Camping	_____	_____	_____	_____	_____
Gardening	_____	_____	_____	_____	_____
Figuring out how things work	_____	_____	_____	_____	_____
Completing a Difficult Task	_____	_____	_____	_____	_____
Watching Television	_____	_____	_____	_____	_____
Snacking on Foods	_____	_____	_____	_____	_____
Listening to Music	_____	_____	_____	_____	_____
Driving	_____	_____	_____	_____	_____
Partying	_____	_____	_____	_____	_____
Drinking	_____	_____	_____	_____	_____

***How much would you like to own each of the following:***

	<b><i>Very Much</i></b>	<b><i>Some</i></b>	<b><i>Not at All</i></b>
Books	_____	_____	_____
Videos	_____	_____	_____
Car	_____	_____	_____
Radio	_____	_____	_____
Motor Cycle	_____	_____	_____
Your own TV	_____	_____	_____
A new Bed	_____	_____	_____
New Clothes	_____	_____	_____
A New Home	_____	_____	_____
A Computer	_____	_____	_____
More Money	_____	_____	_____
Art Supplies	_____	_____	_____
A New School	_____	_____	_____
A New Start	_____	_____	_____

1. List anything else you would like to own.

\_\_\_\_\_

2. What are the favorite things that you own?

\_\_\_\_\_

3. What are the things you would like to have as your own?

\_\_\_\_\_

4. What are the favorite things you like that your family owns? \_\_\_\_\_

### ***Activity Choices -***

What things do you like to do most when you have free time?

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What things do you like to do the most after school or on weekends?

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What things do you like to do the most at school?

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What things do you like to do the most with your friends?

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Name your best friends. \_\_\_\_\_

What do you like to do most with your family?

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List the three things you like to do the most if you had the money.

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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***How much would you like each of the following to happen?***

	<b><i>Very Much</i></b>	<b><i>Some</i></b>	<b><i>Not at All</i></b>
Get Praise	_____	_____	_____
Get Recognition	_____	_____	_____
Talk with people who like you	_____	_____	_____
Have meditation time	_____	_____	_____
Have someone read to you	_____	_____	_____
Be around the family	_____	_____	_____

	<i>Very Much</i>	<i>Some</i>	<i>Not at All</i>
Be around your friends	_____	_____	_____
Be alone	_____	_____	_____
Earn Money	_____	_____	_____
Get good Grades	_____	_____	_____
Receive letters/notes/cards/ e-mails:	_____	_____	_____
Be able to listen to _____ (music)	_____	_____	_____
Be able to watch _____ (sport)	_____	_____	_____
Be able to play _____ (sport)	_____	_____	_____
Be able to read _____ (type)	_____	_____	_____
Be able to play _____ (instrument)	_____	_____	_____
Be able to sing _____ (kind)	_____	_____	_____
Be able to play alone	_____	_____	_____
Be able to draw or do art projects	_____	_____	_____
Play and work on the computer	_____	_____	_____
Have someone hug you	_____	_____	_____
Have someone tickle you	_____	_____	_____
Have someone touch you appropriately	_____	_____	_____
Have someone touch you inappropriately	_____	_____	_____
Have good health	_____	_____	_____
Be less busy	_____	_____	_____
Have more things to do	_____	_____	_____

***Things most people sometimes try to get away from because they bother them.***

<b><i>Bothers me:</i></b>	<b><i>Very Much</i></b>	<b><i>Some</i></b>	<b><i>Not at all</i></b>
Going to School	_____	_____	_____
Bullies at school	_____	_____	_____
Cleaning your room	_____	_____	_____
Doing your homework	_____	_____	_____
House chores	_____	_____	_____
Brushing your teeth	_____	_____	_____
Changing your clothes	_____	_____	_____
Garden chores	_____	_____	_____
Tending siblings	_____	_____	_____
Going to bed early	_____	_____	_____
Going on the school bus	_____	_____	_____
Being scared	_____	_____	_____
New places	_____	_____	_____
Being alone	_____	_____	_____
Looking foolish	_____	_____	_____
Making mistakes	_____	_____	_____
Snakes	_____	_____	_____
Your school	_____	_____	_____
The sight of blood	_____	_____	_____
High Places	_____	_____	_____
Dark Places	_____	_____	_____
Being told what to do	_____	_____	_____
Feeling out of control	_____	_____	_____
Someone daring you to take a risk	_____	_____	_____

<i><b>Bothers me:</b></i>	<i><b>Very Much</b></i>	<i><b>Some</b></i>	<i><b>Not at all</b></i>
Loosing something you own	_____	_____	_____
Bad shows on television	_____	_____	_____
Bad things on the Internet	_____	_____	_____
Being bored – nothing to do	_____	_____	_____
Feeling lonely	_____	_____	_____
Reading	_____	_____	_____
Doing math problems	_____	_____	_____
Feeling Stupid	_____	_____	_____
Exercise	_____	_____	_____
Your neighborhood	_____	_____	_____
The school bathroom	_____	_____	_____
Being rejected	_____	_____	_____
Hard Work	_____	_____	_____
Powerful Boys	_____	_____	_____
Powerful Girls	_____	_____	_____
Arguments with adults	_____	_____	_____
Strange people	_____	_____	_____
Being laughed at	_____	_____	_____
Quiet sitting	_____	_____	_____

List other things you would like to get away from.

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***How much do you like and how often do you use or participate in the following:***

	Like	OK	Don't Like	Never	Yearly	Monthly	Weekly	Daily
1. Cigarettes	___	___	___	/	___	___	___	___
2. Marijuana	___	___	___	/	___	___	___	___
3. Beer	___	___	___	/	___	___	___	___
4. Liquor	___	___	___	/	___	___	___	___
5. Sexual Materials	___	___	___	/	___	___	___	___
6. Getting Sexually Aroused	___	___	___	/	___	___	___	___
7. Truancy	___	___	___	/	___	___	___	___
8. Gangs	___	___	___	/	___	___	___	___
9. Vandalism	___	___	___	/	___	___	___	___
10. Crimes	___	___	___	/	___	___	___	___
11. Watching Violent or sexual Videos	___	___	___	/	___	___	___	___
12. Playing Violent Video Games	___	___	___	/	___	___	___	___

Other: \_\_\_\_\_

Do you have any other comments or self-observations?

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What did you learn about yourself from this survey?

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**Thank you for your efforts in filling out this form. – The ABLE staff.**